

STATEMENT OF AUTOMOBILE INSURANCE WAIVER

I, _____, doing business as a general contractor,
under the company name of _____, have no
company owned vehicles. All vehicles used for business purposes would be covered
under personal automobile insurance.

Signed: _____

Date: _____

Subscribed and sworn to before me in my presence in the county of
_____, State of Kansas, this _____ day of _____,
20 _____.

Notary Public

STATEMENT OF WORKER'S COMPENSATION WAIVER

I, _____, doing business as a general contractor,
under the company name of _____, do not
come under the requirements of the State of Kansas for worker's compensations
insurance. Upon change of this status I will notify the City of Wichita, Office of Central
Inspection.

Signed: _____

Date: _____

Subscribed and sworn to before me in my presence in the county of
_____, State of Kansas, this _____ day of _____,
20 ____.

Notary Public